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New York

President:	Mr. Vassilakis	(Greece)
Members:	Algeria	Mr. Baali
	Argentina	Mr. Mayoral
	Benin	Mr. Aho-Glele
	Brazil	Mr. Tarrisse da Fontoura
	China	Mr. Zhang Yishan
	Denmark	Ms. Løj
	France	Mr. De La Sablière
	Japan	Mr. Kitaoka
	Philippines	Mr. Mercado
	Romania	Mr. Dumitru
	Russian Federation	Mr. Chulkov
	United Kingdom of Great Britain and Northern Ireland	Sir Emyr Jones Parry
	United Republic of Tanzania	Mr. Mahiga
	United States of America	Mr. Brencick

Agenda

The responsibility of the Security Council in the maintenance of international peace and security: HIV/AIDS and international peacekeeping operations

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05-42552 (E)

The meeting was called to order at 10.15 a.m.

Adoption of the agenda

The agenda was adopted.

The responsibility of the Security Council in the maintenance of international peace and security: HIV/AIDS and international peacekeeping operations

The President: In accordance with the understanding reached in the Council's prior consultations, I shall take it that the Security Council agrees to extend an invitation under rule 39 of its provisional rules of procedure to Mr. Jean-Marie Guéhenno, Under-Secretary-General for Peacekeeping Operations.

It is so decided.

I invite Mr. Guéhenno to take a seat at the Council table.

In accordance with the understanding reached in the Council's prior consultations, I shall take it that the Security Council agrees to extend an invitation under rule 39 of its provisional rules of procedure to Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS.

It is so decided.

I invite Dr. Piot to take a seat at the Council table.

The Security Council will now begin its consideration of the item on its agenda. The Council is meeting in accordance with the understanding reached in its prior consultations.

At this meeting, the Security Council will hear briefings by Mr. Jean-Marie Guéhenno, Under-Secretary-General for Peacekeeping Operations, and Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS.

I now give the floor to Mr. Jean-Marie Guéhenno, Under-Secretary-General for Peacekeeping Operations.

Mr. Guéhenno: It is almost five years ago to the day that the Security Council adopted resolution 1308 (2000). To be frank, some of us initially wondered whether it belonged on the agenda of the Security Council. But that landmark resolution provided the jolt that we desperately needed. I would like to acknowledge the role of Ambassador Holbrooke in putting this issue on the map. In retrospect, at that time AIDS was not sufficiently on the radar of the Department of Peacekeeping Operations. It deserved to be. It most certainly is now.

Conflict and post-conflict environments are high-risk areas for the spread of HIV. Since the adoption of resolution 1308 (2000), we have developed a comprehensive strategy to reduce the risk of peacekeepers contracting or transmitting the virus while on mission. That strategy has five key elements: first, the creation of specific capacity within missions to address AIDS; second, ensuring the availability of condoms and observing universal medical precautions; third, the development of voluntary counselling and testing capacities in missions; fourth, establishing monitoring and evaluation mechanisms; and fifth, setting up projects for outreach to local communities and mainstreaming the issue of AIDS into mission mandates.

I welcome the opportunity to brief the Council today on the concrete progress that has been achieved in all five of those areas. Before doing so, however, I must acknowledge with sincere gratitude the critical technical and advisory support that Dr. Piot and his team at the Joint United Nations Programme on HIV/AIDS (UNAIDS) continue to provide the Department of Peacekeeping Operations (DPKO), both at Headquarters and in the field. Our programmes would not be where they are today without their assistance. In fact, DPKO has been and remains dependent on many partners throughout the United Nations system and on host communities to achieve progress.

Perhaps the most essential partners, however, are the 105 countries that currently contribute uniformed personnel to United Nations peacekeeping operations around the world. The support of Member States is a determining factor in the success of our programmes. That is true of donor countries as well. In that regard, I wish to express my gratitude to Denmark and the United Kingdom for their contributions to the HIV/AIDS Trust Fund.

The assistance we have received could not have been more timely, given that the number of United Nations peacekeepers deployed worldwide continues to surge. There are over 66,000 uniformed personnel and more than 13,000 international and national civilians

serving in 17 peacekeeping and related field operations. That is a significant number of people who, at any given time, need to be advised and trained on how to do their part in the fight against AIDS. It is a serious challenge, but I think we have made major progress.

(*spoke in French*)

When I reported to the Council two years ago on resolution 1308 (2000), I made a commitment to deploy AIDS advisers to all major peacekeeping operations. At that time, there were just four AIDS advisers. We now have 10, supported by United Nations Volunteers and professionals of the host countries, and smaller missions have designated focal points. Together, those advisers and focal points form a valuable network linking all peacekeeping operations.

DPKO and UNAIDS carried out joint missions to Haiti and the Sudan to establish AIDS awareness programmes in advance of major deployments of troops and civilian personnel. That set a new precedent, which we hope will become the norm in the future.

Since 2003, UNAIDS has seconded an AIDS policy adviser to DPKO to provide policy guidance and coordinate the various mission initiatives. At the end of this year the post will be financed through the DPKO budget, and I would like to thank Member States for supporting its creation.

Awareness-training is central to DPKO's strategy. We work closely with troop-contributing countries and UNAIDS to establish at least a basic level of awareness of AIDS among all those who work in peacekeeping operations. AIDS awareness-training activities are now routinely included in all "train the trainer" courses, in military observer programmes and in other sessions organized and sponsored by DPKO to enhance national peacekeeping capabilities. This year, for example, the issue of AIDS was an important part of recent senior management seminars held in Ghana, India and Russia for high-ranking police officers from numerous Member States.

AIDS awareness training is also central to pre-deployment training for mission-specific personnel, such as that provided to Guatemalan and Peruvian peacekeepers currently being deployed to Haiti, to Rwandan peacekeepers being deployed to Sudan and to African Union soldiers who served under the AU in Burundi before becoming United Nations peacekeepers there. The question of AIDS is also part of induction training for all civilian personnel.

We recently revised our AIDS training module to ensure that the important issues of gender, codes of conduct and sexual abuse are fully reflected.

Our strategy has also been to reinforce support for this issue and mobilize all personnel within DPKO to deal with it. AIDS is high on the agenda of the conference of all our force commanders from around the world scheduled for next week, and it will henceforth be part of the senior leadership training for those serving in peacekeeping operations. In addition, we have created modules tailored for specific occupational groups, such as public information officers and stress counsellors who serve in the most difficult missions.

Within missions, AIDS advisers coordinate with training cells to provide training and ongoing awareness training to troops, military observers, civilian police and civilian staff. All this must keep up with rotations; we must ensure that each new contingent receives training.

Missions also ensure the availability of male and female condoms. Post-exposure prevention kits are available at our medical facilities in case of exposure to HIV. Screened blood supplies have long been part of our basic medical equipment.

(*spoke in English*)

But what impact do we actually make? How do we measure the effectiveness of our training programmes? To find some answers, DPKO piloted an HIV/AIDS knowledge, attitude and practice survey in Liberia during May and June this year, in collaboration with the United States Centers for Disease Control and Prevention and UNAIDS. More than 660 uniformed peacekeepers were randomly selected and individually interviewed. The sample included military observers, civilian police and troops of all ranks, from privates to colonels, from eight different contingents. The results are currently being analysed, but I would like to share a few preliminary findings.

Awareness was generally high. For instance, over 94 per cent correctly stated, unprompted, two of the key ways that HIV is transmitted: through unprotected sex and exposure to infected blood. The vast majority, over 87 per cent, of those who had been in mission for

at least a month had received AIDS awareness training since their arrival.

However, one disappointing finding was that only a small number had received training from within their battalions or detachments, and less than two per cent had been briefed on AIDS by their commanding officers while in the mission area. The support of the command structure is crucial to any efforts to mainstream AIDS training, and I take this opportunity to urge troop-contributing countries to ensure that AIDS awareness is considered a command responsibility.

To create greater capacity among peacekeepers, AIDS advisers run peer education programmes, drawing on the UNAIDS peer education kit and awareness cards. For example, the mission in Ethiopia-Eritrea, which was the first mission to be established after resolution 1308 (2000), has trained approximately 1,100 peer educators in a series of two-week intensive programmes. UNAIDS and DPKO are examining ways to create a network to maintain the capacity of such peer educators when they return home. I hope we can do this in partnership with Member States so that this expertise is reinforced, rather than lost.

We are very aware, though, that knowledge in itself does not protect people from HIV; it is what people do with that knowledge and how they change their behaviour that makes the difference.

Strengthening voluntary counselling and testing facilities across our peacekeeping missions is a priority. This allows peacekeepers to make an informed decision to find out their HIV status and is critical to influencing behaviour and preventing transmission.

Of the peacekeepers surveyed, over 92 per cent had been tested for HIV as part of their preparation for deployment, but only half stated that they had received any counselling with the test. The mission in Liberia has two voluntary counselling and testing centres, which have been visited by over 420 uniformed and civilian peacekeepers since they opened in April this year. The mission plans to launch a roaming facility to ensure access for all personnel in the sectors. There are similar facilities in other peacekeeping operations.

Our efforts focus not only on how to reduce the risk of HIV transmission, but also on how to capitalize on the positive potential of peacekeepers as agents of change. When we train peacekeepers in gender awareness, human rights and child protection, we hope to influence not only their own behaviour but also their ability to recognize and respond to sexual violence and exploitation.

Peacekeepers can also share their knowledge about HIV with the local population. In the Democratic Republic of the Congo, for example, awareness-raising projects by peacekeepers have ranged from theatre performances and football matches to high-profile events attended by local dignitaries. Across missions, peacekeepers link up with local groups to mark World AIDS Day.

Peacekeeping missions also develop AIDS outreach projects that specifically target local communities. For instance, the mission in Liberia has held five-day programmes for local Christian and Islamic leaders to encourage faith-based AIDS prevention initiatives in the country and training sessions for the local media and women's groups. In Haiti, a number of quick-impact projects have supported AIDS initiatives, and the public information office has worked with a local non-governmental organization to fight stigma and discrimination and to promote awareness among local journalists.

All AIDS advisers are members of their respective host countries' Theme Groups on HIV/AIDS. Those Groups assist in the development and the implementation of national strategies to respond to the epidemic. Such partnerships are central to our overall response. For example, in Côte d'Ivoire the mission has teamed up with the United Nations Population Fund (UNFPA) to conduct a series of programmes over one year with peacekeepers and local communities, in particular targeting women and girls. In Sierra Leone we have worked closely with the Society for Women and AIDS in Africa. Engaging with local women's groups not only helps to reach the most vulnerable but also strengthens training for peacekeepers, as the testimonies of local women provide a different perspective on AIDS and the broader issue of sexual exploitation.

United Nations Volunteers (UNV) have often played a pivotal role in the outreach projects of our missions, such as by raising funds for school fees for AIDS orphans in the Democratic Republic of the Congo or helping former commercial sex workers in Ethiopia and Eritrea find alternative sources of income. In Sierra Leone, there is a UNV-funded reintegration

and transition-to-peace programme. At the request of communities, the project has provided AIDS awareness training for youth leaders in 12 districts of the country.

DPKO is also collaborating with other United Nations agencies to mainstream AIDS into mandated mission functions. For example, AIDS is included in an initiative involving 14 United Nations entities to create integrated standards and guidelines for disarmament, demobilization and reintegration in peacekeeping settings. The AIDS adviser in the Sudan is designing a strategy to train AIDS peer educators as part of the demobilization programme in that country.

In Haiti, the mission is working with UNAIDS, UNFPA and national bodies to build the long-term capacity of the police force to address AIDS in the ranks. At the time of our mission in Timor-Leste, a special peer education programme for the police force was part of a six-week schedule of living testimonies conducted by an HIV-positive trainer.

Building on the survey in Liberia, we intend to roll out similar monitoring and evaluation projects in other missions. Immediately following this open meeting, DPKO and UNAIDS are jointly hosting a workshop for AIDS advisers and focal points from 16 missions. That will provide an opportunity for frank discussion and the sharing of lessons learned so that we can enhance our programmes.

I could provide more details on different initiatives, but I hope that this brief overview gives the Council a sense of the concrete measures that we have been taking to tackle HIV/AIDS in peacekeeping operations. Over the past five years, we have learned many lessons from our partners, from our successes and also from our mistakes. But we have to ask ourselves, are we doing enough? Is our basic strategy the right one? What additional investments need to be made to sustain and strengthen our efforts?

My feeling is that we are on the right track. We have overcome a lot of resistance. And as the value of the programmes has become apparent, there is a demand for more. But a number of areas still need to be tackled. Testing, for example, remains a controversial and divisive issue. And, as I mentioned before, we need to ensure that AIDS awareness is considered a command responsibility, moving beyond rhetoric to engagement at the highest levels. We need continued support for our HIV/AIDS Trust Fund, and the capacity of missions to respond to growing demands will need to be reviewed, especially if we want to move beyond raising awareness to changing risk behaviours.

We are constantly being challenged to find new ideas and approaches, and we are ever mindful that any success in tackling HIV/AIDS relies on working in partnership. In 2000, we barely crossed paths with agencies such as UNAIDS, UNFPA or the United States Centers for Disease Control and Prevention. Today, we design and implement programmes together. As I emphasized earlier, ultimately, addressing HIV/AIDS initiatives in peacekeeping must be a joint effort involving Member States, troop-contributing countries, United Nations and other agencies and host communities. I look forward to further strengthening all those partnerships.

The President: I thank Mr. Guéhenno for his briefing.

I now give the floor to Mr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS.

Mr. Piot: I thank you, Mr. President, for the invitation to brief the Security Council on the implementation of resolution 1308 (2000).

When we look at the history of the fight against AIDS, there is no doubt that resolution 1308 (2000) is a milestone in the response to the epidemic. By underscoring the fact that the spread of HIV/AIDS, if unchecked, may pose a risk to stability and security, the Security Council, through resolution 1308 (2000), has transformed how the world views AIDS. I say "transformed" because many now view AIDS as a threat to national security and stability, in addition to being a threat to development and public health alone. While today it sounds normal to place AIDS in that context, it was definitely a very bold step five years ago. It took real leadership. That is why I am happy that Ambassador Richard Holbrooke is here today. I would say that without his push, this would not have happened. From my experience in my advocacy work to promote the response to AIDS, I can tell the Council that the debate in the Security Council and the resolution opened many doors for dealing with AIDS that previously had been closed.

It is also because of that transformation that I believe that today, for the first time ever, we have a real opportunity to halt and begin to reverse this

devastating epidemic, as called for in Millennium Development Goal 6. Indeed, reversing the spread of AIDS is crucial if we are to make any progress in meeting the broader Millennium Development Goals.

Today, there is true momentum in the fight against AIDS. First, there is undoubted political momentum. Forty heads of State or Government, or their deputies, now personally lead their countries' response to AIDS, including in Council members Benin and China.

Secondly, there is financial momentum. An unprecedented $8 billion is likely to be spent on the AIDS response in low- and middle-income countries this year, up from $1.5 billion when resolution 1308 (2000) was adopted. That is more than a fivefold increase, and it is reflected in domestic budgets and the budgets of the wealthy countries.

Thirdly, there is finally a momentum of results. Because of stepped-up efforts, there are new successes in almost every region of the world, with real signs of success in the Bahamas, Cambodia, Ghana and Kenya, adding to early achievements in Brazil, Thailand and Uganda.

So, in sum, in these five years, the global response to AIDS has entered a new era: the era of the implementation of large-scale programmes. However, sadly, it is true that the threat posed by the AIDS epidemic has not dwindled at all. Last year, more people than ever became infected with HIV and more people died of AIDS than in any previous year, reflecting both a massive failure of HIV-prevention programmes and of treatment programmes.

That is the broad context within which the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its partners are now addressing AIDS and security. I would like to take this opportunity to present the UNAIDS progress report, "On the front line", which all Council members have received and which details our actions in that area.

In response to resolution 1308 (2000), I established an Office on AIDS, Security and Humanitarian Response in the UNAIDS secretariat, which has been working — as we just heard from Under-Secretary-General Guéhenno — with the Department of Peacekeeping Operations (DPKO). I would also like to thank Denmark, which allowed us to jumpstart that initiative through support for our offices in Copenhagen.

The strategy of UNAIDS and DPKO, building on our formal agreement of January 2001, has been to ensure that the United Nations sets the highest possible standards in protecting from HIV both peacekeepers and the populations with which they are in contact. I would like to wholeheartedly commend DPKO for its achievements in mainstreaming AIDS responses into every United Nations peacekeeping mission. I can just confirm everything that Mr. Guéhenno has said. I will not repeat what he so clearly noted in his statement, but I would like to add a few more things.

In addition to what we heard, some 1 million AIDS-awareness cards have been distributed in 13 languages through peacekeepers and national security forces. A peer education kit, available in 11 languages, is becoming an integral part of the military training curricula in several troop-contributing countries.

With the increasing focus on regional troop and mission management for peacekeeping, we have actively engaged with key regional bodies. We have supported and are supporting the African Union with its AIDS programmes for African Union peacekeeping forces, as well as African militaries. We are now helping the African Union Security and Peace Council in its AIDS-related programmes for stand-by forces. In addition, we are now working with the North Atlantic Treaty Organization and the Caribbean Community secretariat in developing comprehensive AIDS programmes for uniformed services.

Despite all that has been achieved since 2000, it is clear that there is still a long way to go, as we just heard — a fact made evident by the recent reports of sexual exploitation and abuse by peacekeepers. The adoption by the General Assembly last month of a comprehensive strategy to eliminate sexual exploitation and abuse in United Nations peacekeeping operations is a major step forward. I would say that zero tolerance for any violation of the code of conduct would also go a long way towards stopping the spread of HIV.

Let me now turn to the wider issue of national uniformed services, where international peacekeepers are drawn from and return to. This was not the formal intention of resolution 1308 (2000), but it has become clear that, if we do not deal with troop-providing armies, dealing with HIV only among peacekeepers is

not going to fix the problem. Thus, resolution 1308 (2000) really paved the way for us in UNAIDS to engage uniformed services as key partners in the response to AIDS. Today, UNAIDS is assisting 53 Member States with comprehensive programmes to address AIDS among uniformed services.

As part of that work, we have signed formal partnership agreements with 15 ministries of defence, most recently with the Indian Government, covering about 1.3 million active uniformed personnel. Each programme includes HIV education, condom promotion and distribution, the strengthening of counselling and testing services, and improving the skills of health personnel to provide HIV-specific care and treatment.

A small, but nonetheless growing number of defence, military and political leaders now fully understands the need to address AIDS and has begun to make what we hope will be sustained investments. However, we are still too far from the point at which responding to AIDS is considered to be a part of core military business everywhere. That, again, will take strong leadership not only here in the Council, but in every single country.

Before concluding, let me highlight a few challenges. There are two key challenges in working with uniformed services, as set out in our progress report.

The first is the need significantly to expand access to HIV testing and counselling. As we heard, that is a priority for UNAIDS and DPKO. Our guidance on HIV testing continues to emphasize the importance of counselling and testing in every setting. While national policies vary with regard to HIV testing during recruitment and active service, the evidence clearly demonstrates that the provision of voluntary confidential counselling and testing services is far more likely than mandatory testing to result in favourable behaviour change. The problem is that neither is offered at a scale that is big enough. Troops and civilians alike must therefore have unrestricted access to HIV testing and counselling during deployment, and — crucially — we must step up efforts to encourage them to do so.

Secondly, there is the need to ensure the consistent implementation of those AIDS programmes. We just heard the quite disturbing data from the survey in Liberia, and it is clear that we still have a long way to go in making sure that, at every level in the hierarchy, commanders understand that they will be held accountable for what they are doing on AIDS as much as on other essential military operations.

Turning to the future, I would like to outline two great tasks that I believe we face in relation to AIDS and security. The first task is to expand our knowledge of the broader impact of AIDS on human security and national stability in the most-affected countries, and also those in conflict and post-conflict situations. How those challenges will actually play out in countries over the longer term is not fully known. We must start today planning for the long-term future in our action on AIDS. That is one of the big challenges for us at UNAIDS.

We recently did a study, together with the Shell oil company, on the development of scenarios for AIDS in Africa by 2025 — 20 years from now. Those scenarios clearly show how the worst-affected countries will be plainly destabilized in all their aspects by the AIDS epidemic.

As requested by the Council at its last review two years ago, we are also building and reviewing the evidence base on the long-term implications of AIDS on security. This afternoon, for example, I will be joining the Council for Foreign Relations here to launch a new report we co-funded that presents some preliminary evidence of the links between AIDS and national security, which should help to inform our policy agenda going forward. We have also commissioned work from the London School of Economics and are now collaborating with the Government of the Netherlands in the development of a research agenda on the linkages between AIDS, security and conflict.

Finally, the second great task relates to classic security matters. The unstated goal underpinning resolution 1308 (2000) is that all peacekeepers and all uniformed personnel must be given the knowledge and means to protect themselves and others from HIV. That goal has not been achieved as yet, so I hope that the Security Council will make that an explicit and time-bound goal and ensure that peacekeeping missions are given the means to meet their responsibilities with respect to HIV, and that they will be held accountable for their performance on responding to AIDS.

Mr. Baali (Algeria) (*spoke in French*): At the outset, I wish to thank the Executive Director of the

Joint United Nations Programme on HIV/AIDS (UNAIDS) for his briefing and for his informative and exhaustive report on measures taken in the implementation of resolution 1308 (2000).

I also thank the Under-Secretary-General for Peacekeeping Operations for his briefing and for his tireless efforts to follow up on resolution 1308 (2000).

The mobilization and commitment of the international community and the United Nations system to address the HIV/AIDS pandemic have never been as determined and resolute as they have been in the past five years. Yet the epidemic continues to spread, causing a large-scale human catastrophe, undermining the socio-economic base and threatening the stability and security of numerous countries. Sub-Saharan Africa continues to be the most affected region of the world, with 64 per cent of the world's HIV infections and 74 per cent of all AIDS-related deaths in 2004. It is also clear that the numerous conflicts affecting that region, as well as other regions of the world, are, unfortunately, breeding grounds for the spread of the pandemic.

In raising the issue of AIDS in zones of armed conflict, we cannot but welcome the coordination and strengthening of cooperation between the Department of Peacekeeping Operations (DPKO) and UNAIDS. It is indeed important that the struggle against HIV/AIDS be part of all peacekeeping operations. In that connection, the steps taken by DPKO to improve awareness among, and training for, peacekeeping staff are welcome developments.

Having said that, and despite the fact that we do not have comprehensive data on the role of peacekeeping operations in spreading the epidemic, it is clearly not a matter of demonizing peacekeeping staff. On the other hand, it is useful to assess the impact of peacekeeping operations in the fight against AIDS. We also believe it necessary that there be parallel action aimed at local communities, in particular in peacebuilding and transition processes. As suggested by the UNAIDS report, personnel deployed in the field should be able to take on that task.

We also believe that combating AIDS must be one of the priorities for national sectors in charge of security, particularly armies and police. In that regard, we note that UNAIDS supports the national programmes of several countries, including those of troop-contributing countries. We welcome that. The idea of launching new programmes involving uniformed personnel deserves full consideration.

The problem that is the subject of our briefing today is a complex one, given its numerous dimensions. Because of the Council's mandate, its actions are limited and it is not involved in the fight against AIDS except in the context of peacekeeping operations. In that regard, we should acknowledge that its efforts have been extremely useful, even if much remains to be done.

In order to be really effective, combating HIV/AIDS must be a comprehensive, unified and time-bound effort, regardless of the current circumstances. Obviously, such an effort must be devised and carried out by the General Assembly. The actions of the Security Council must therefore be fully integrated into that coordinated undertaking.

UNAIDS has called for the strengthening of existing initiatives. We join that appeal, which is in keeping with the spirit and letter of the Declaration of Commitment on HIV/AIDS, adopted by the General Assembly on 27 June 2001 (resolution S-26/2, annex).

As we know, in 2006 the General Assembly is to receive a comprehensive report on international progress thus far, which will provide us an opportunity to continue the debate we began with the adoption of resolution 1308 (2000), as well as to act in a resolute and concerted manner to combat this modern scourge.

Lastly, my delegation would like to thank the delegation of Greece for the preparation of the draft presidential statement, as well as to assure it of our full support.

Mr. Brencick (United States of America): I would like to thank you, Mr. President, for convening today's open briefing on resolution 1308 (2000). We would also like to thank Under-Secretary-General Guéhenno and Dr. Piot for their statements and for the comprehensive report on the progress in implementing resolution 1308 (2000). The report demonstrates that the response of the United Nations to the resolution is increasingly institutionalized. We will study its findings and recommendations closely.

We are pleased to note some of the achievements since November 2003 — when we last met to discuss resolution 1308 (2000) — particularly with respect to peacekeeping missions. The assignment of HIV/AIDS advisers or focal points to all missions is an important

accomplishment. We are encouraged that missions increasingly have the tools to raise awareness among peacekeepers. In that context, we commend the wide distribution of the HIV/AIDS awareness cards that Dr. Piot referred to, including their availability in multiple languages, as well as the regularly scheduled training on preventing the transmission of HIV/AIDS.

The United States is a world leader in its commitment to combat HIV/AIDS, a fight that is one of the moral imperatives of our time. Our commitment is exemplified by the President's $15 billion emergency plan for AIDS relief, which is achieving targets in the areas of prevention, care and treatment ahead of schedule despite capacity constraints and very difficult operational environments.

The United States has fully supported, and will continue to support, Security Council resolution 1308 (2000). The United States Department of Defense and, more recently, the President's emergency plan have provided resources and technical assistance to implement long-term strategies for HIV/AIDS education prevention, counselling, testing and treatment in more than 70 military and peacekeeping populations around the world.

Since the adoption of the resolution, the United States has assisted in HIV/AIDS education for over 2 million uniformed personnel, trained 7,000 uniformed peer educators, established more than 200 HIV/AIDS counselling and testing facilities on or near bases, provided HIV/AIDS diagnostic and screening equipment to 30 militaries and trained 600 uniformed medical personnel in the care and treatment of HIV-affected personnel and their families.

The United States plans to continue to expand our assistance to uniformed populations through bilateral programmes in countries around the world and in our multilateral cooperation, including those that provide personnel for peacekeeping operations. Our future objectives include strengthening host-nation military HIV testing capability, providing resources to support more comprehensive and targeted HIV/AIDS prevention education programmes for uniformed populations and providing consultation for the development of sound HIV/AIDS prevention, care and treatment policies in ministries of defence. As Dr. Piot noted, we also strongly support the further development and expansion of HIV/AIDS prevention activities in uniformed populations more generally, in coordination with international organizations, other donors and non-governmental organizations.

We commend the progress to reduce the spread of HIV/AIDS through military and peacekeeping operations, but we note the enormous challenges that remain. We look forward to returning to this issue on a regular basis. Again, we thank you, Mr. President, for focusing on such an important issue during your presidency.

Mr. Chulkov (Russian Federation) (*spoke in Russian*): At the outset, let me join previous speakers in thanking Mr. Guéhenno and Dr. Piot for their extensive briefings, which will clearly be valuable to us as we consider this extremely important issue.

HIV/AIDS is one of the most serious non-military threats to peace and security. This devastating epidemic depletes the resources and capacities of countries and negatively impacts the overall socio-economic situation. Like any equally significant global problem, it ultimately has a negative impact on international peace and stability.

Given the exceptional urgency and complex nature of the problem, which requires overall coordination of international efforts under the auspices of the United Nations to deal effectively with the threats and challenges posed by the epidemic, we agree with the importance of addressing this issue in the Security Council in the context of United Nations peacekeeping operations. We would like to take note of the extensive substantive materials available on relevant specific themes associated with this matter, including the country-specific breakdown contained in the report prepared for this meeting by the Joint United Nations Programme on HIV/AIDS (UNAIDS). We believe that this represents a key contribution in assessing the implementation of resolution 1308 (2000).

Because of the various aspects of duty in "hot spots", uniformed and civilian personnel of peacekeeping missions are in a more vulnerable position. In that regard, we would like to underscore the importance of, and state our support for, the efforts made by UNAIDS in implementing resolution 1308 (2000), in particular targeted preventive measures geared to United Nations peacekeeping personnel, including the gradual creation of posts for advisers and focal points for HIV/AIDS in all peacekeeping

operations and the provision of tailored awareness-training modules to peacekeeping contingents.

Attention should also be focused — and we are pleased to note that this is already the case — on efforts to provide voluntary and confidential counselling and testing to peacekeepers. It is important also to encourage the practice of training volunteers from peacekeeping operations and to ensure that, in the context of the awareness-raising efforts carried out by missions, careful account is taken of national and cultural characteristics, with respect both to the peacekeeping operation contingent and the population of the country in which the mission is deployed.

All of those important efforts complement the efforts undertaken at the national level and help to build the capacities of countries in that area, including those that contribute contingents to peacekeeping operations.

The global fight against the scourge of HIV/AIDS and all of its manifestations calls for firm political leadership and specific and coordinated action that is supported by technical and financial resources.

The General Assembly and the Economic and Social Council, which, in keeping with their respective mandates, are charged with undertaking a comprehensive consideration of all aspects of the question of HIV/AIDS, have already done a great deal to craft an effective strategy to deal with the spread of the pandemic.

We commend the practical actions taken in that area by the relevant United Nations specialized agencies, funds and programmes, in particular, as already noted, UNAIDS, the World Health Organization, UNICEF, the United Nations Population Fund and the United Nations Development Programme. A major role is also being played by Secretary-General Kofi Annan through his sustained attention and personal commitment to the fight against HIV/AIDS.

We are confident that consistent, coordinated efforts on the part of the United Nations system, working with other international organizations, financial institutions and funds, and civil society, will ultimately lead to a breakthrough in overcoming the HIV/AIDS challenge at the global level.

Mr. Sardenberg (Brazil): I wish to thank you, Mr. President, for having convened this meeting on the very important issue of HIV/AIDS in the context of peacekeeping. I wish also to thank Under-Secretary-General Jean-Marie Guéhenno and the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Peter Piot, for their respective briefings.

This is a timely occasion to discuss the implementation of resolution 1308 (2000), five years after its adoption by the Council, as well as to assess the achievements made and challenges ahead. As we know, the resolution refers to personnel to be employed, or already deployed, in peacekeeping operations.

Given the extent of the HIV/AIDS pandemic worldwide, and with around 100,000 uniformed personnel involved in United Nations peacekeeping every year — taking into account troop rotations — the deployment of peacekeepers, whether in high- or low-HIV/AIDS-prevalence countries, is an issue that continues to draw our attention. The latest UNAIDS report, entitled "On the front line", states that uniformed service personnel continue to be at high risk of acquiring or transmitting HIV/AIDS while deployed in the field.

To respond to the challenge, the Department of Peacekeeping Operations (DPKO) has included the topic of HIV/AIDS in pre-deployment training for troop-contributing countries. It has also assigned HIV/AIDS policy advisers to 10 missions, as Mr. Guéhenno said in his briefing this morning, with focal points designated in smaller missions, which is extremely important. In providing sensitization for all personnel, such units are responsible for awareness training, including behaviour-change intervention and personal risk assessment.

Within missions, UNAIDS, as pointed out by Mr. Piot, distributes booklets and HIV/AIDS awareness cards in a number of languages among peacekeepers. The availability of condoms is ensured, leading personnel to adopt safer attitudes. Attention is also devoted to ensuring that applicable codes of conduct are taken into account, so that prohibited behaviour is clearly stressed. Voluntary and confidential counselling and testing is another component, conducted within a rights-based approach.

Brazil welcomes the cooperative work done by DPKO and UNAIDS in terms of the response in the field. At the end of the day, peacekeepers will not only

have received awareness training, but some of them will also have been trained as peer educators.

HIV/AIDS advisers also become involved with outreach projects to local communities, as mentioned by Mr. Guéhenno. In that respect, aside from their contribution to awareness-raising activities, it is important to reflect on their role, in a high-prevalence area, in dealing with people living with HIV/AIDS who do not have access to life-saving medicines and treatment.

Another challenge stems from the cultural diversity of peacekeepers, as well as the frequent rotation of troops, which puts at risk the sustainability of programmes. This shows the importance of HIV/AIDS initiatives among national uniformed services. In that respect, we commend UNAIDS and its sponsors for having worked so closely with a number of countries. Starting last year, the Brazilian Government, in partnership with UNAIDS, has been intensifying its efforts in working with young people in the military.

If I may take a wider view as concerns HIV/AIDS, the alarming statistics underscore the gravity of the problem. The pandemic is one of the greatest challenges of our times. Today, at least 40 million people worldwide are living with HIV/AIDS, most of them in developing countries. The pandemic does not show any signs of weakening, but is spreading very rapidly. Every year, there are 5 million new infections and 3 million deaths. Only 12 per cent of those who need treatment outside rich countries receive it.

In sub-Saharan Africa, the most affected region, HIV/AIDS is aggravating economic and social crises. The devastating losses of human capital threaten political stability and food security. That dramatic situation requires urgent and exceptional action at all levels.

The United Nations must continue to send a strong signal as to the urgent need to strengthen the global response to the pandemic. However, at the current rate of progress, the international community will not reach any of the time-bound targets and goals set out in the Declaration of Commitment on HIV/AIDS. As stressed by the Secretary-General during the high-level meeting of the General Assembly held last June, the response has not matched the pandemic in scale. Indeed, resources to combat the pandemic worldwide fall short of what is needed. But, aside from the funds required, for there to be any real hope of success in the global fight against HIV/AIDS, our commitment must be comprehensive.

The results that Brazil has achieved in combating the pandemic are based on a balanced approach and a simultaneous emphasis on prevention and treatment, as well as on the protection of human rights. The number of people living with HIV/AIDS now totals less than half of what estimates used to predict. Our campaigns have been based on frank awareness messages. A wide range of preventive measures have proved successful, such as the distribution of free condoms. With regard to treatment, Brazil's positive experience related to the impact of free and universal access to anti-retroviral therapy is widely acknowledged. However, there is room for improvement. We need to move forward with strategies to reduce the price of drugs.

Access to treatment has a positive impact on prevention efforts, because it puts people in closer contact with the health system. Where treatment exists and is accessible, individuals are more likely to seek voluntary testing and counselling. Moreover, the availability of treatment reduces stigma and discrimination by enabling people to openly address HIV/AIDS issues.

We encourage UNAIDS and its partners to intensify their efforts to reach the global "3 by 5" target and urge Governments to continue to work collaboratively beyond 2005 towards the goal of making HIV/AIDS prevention, treatment, care and support services accessible to everyone. Those elements are indeed mutually reinforcing and also reinforce an effective response; they must be integrated in a comprehensive approach to combat the pandemic.

Finally, we support the draft presidential statement circulated by the Greek delegation.

Mr. Mahiga (United Republic of Tanzania): We too extend our gratitude to Mr. Guéhenno, Under-Secretary-General for Peacekeeping Operations, for his briefing on developments in the way HIV/AIDS issues are addressed in peacekeeping operations. We also thank Dr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), for presenting a very informative progress report on the implementation of Security Council resolution 1308 (2000).

We are encouraged by the progress that has been made since the adoption of that resolution and commend the work done by the United Nations in that respect. However, we should not be complacent. The threat and incidence of HIV/AIDS have not abated, and in some regions and situations — as in Africa — the threat is on the increase, although the opportunities and prospects for reducing and containing it are improving. We welcome the recommendations provided in the UNAIDS report, which warrant our full attention; we need to encourage more Member States to report on their implementation.

The HIV/AIDS pandemic, as noted by the Secretary General in his report on progress made in the implementation of the Declaration of Commitment on HIV/AIDS (A/59/765), is an exceptional problem which demands an exceptional response. The HIV/AIDS pandemic is a crosscutting issue that has an impact on all sectors, and, as such, it needs to be tackled in a coordinated manner by all United Nations organs within their respective mandates. The Security Council, by adopting resolution 1308 (2000), highlighted the potential threat the epidemic poses for national, regional and international security, particularly in conflict and peacekeeping settings. It is now five years since resolution 1308 (2000) was adopted. We therefore need to take stock of what we have achieved so that we can sustain those achievements and identify what still needs to be done.

Resolution 1308 (2000) was a trailblazing initiative in generating international awareness and in promoting international action to combat HIV/AIDS beyond international peacekeeping personnel. It followed the path of the defining leadership and roles of the General Assembly and the Economic and Social Council. It elevated the debate and action on HIV/AIDS to a new level in the international community. The resolution recognized the enormity of the problem, which continues to claim more than 2 million lives globally every year, more than half of them in Africa. It further recognized the implications of the pandemic for international peace and security, which implied a role for the Security Council beyond the traditional confines of military-related threats to international peace and security.

The devastating impact of HIV/AIDS on youthful and adult populations alike is undercutting economic productivity and disrupting essential social services in many developing countries. Countries are obliged to increase expenditure on health many times over as a matter of equal priority to fighting poverty, hunger, child mortality, malaria and tuberculosis. At the same time, countries have to allocate resources to provide for safe drinking water, universal education and maternal health. It is therefore logical that combating HIV/AIDS is one of the Millennium Development Goals to be addressed simultaneously with the other Goals.

If a nation's state of health is a barometer of its vitality and stability, then the HIV/AIDS pandemic is not only a moral and ethical challenge to humanity, but could also contribute to chronic weakness and instability in nation-States and societies. As resolution 1308 (2000) recognizes, the impact of HIV/AIDS on military establishments can be devastating. The emphasis on combating the spread of HIV/AIDS among peacekeepers is well placed and needs to be constantly followed up.

In Tanzania, the military service has recognized the threat of HIV/AIDS in the uniformed military services. The Tanzania People's Defence Force now conducts awareness campaigns for all its personnel, especially new recruits. However, despite the awareness of HIV/AIDS, the challenge faced is to make the behavioural changes that will enable one to protect oneself all the time. For example, although there is awareness of the benefits of preventive strategies, the proper and consistent use of such strategies ought to be mainstreamed in educational systems and public campaigns. There is thus a need to devise more innovative ways of creating awareness that will also contribute to enduring changes in behaviour.

As we tackle the HIV/AIDS pandemic in peacekeeping operations, let us not forget the plight of women and children, either as combatants or as victims of sexual exploitation by parties in conflicts. Here, we would like again to recall that there must be zero tolerance of sexual exploitation in peacekeeping missions. We thus urge the collaboration of UNAIDS with the United Nations Development Fund for Women, the Division for the Advancement of Women and the system's child protection bodies to ensure that measures taken to combat HIV/AIDS take into account the gender dimension as well the vulnerabilities and interests of children.

Funding for HIV/AIDS programmes has increased, but it is still inadequate. We note with concern that uniformed civilian and military services are often not included in bilateral support and thus have to rely on national budgets, which may not be in a position to provide adequate funding. There is thus, first, a need for increased resources to fight HIV/AIDS in funds such as the Global Fund to Fight AIDS, Malaria and Tuberculosis; such funds need also to allow for the funding of programmes in uniformed civilian and military services.

The international response to the HIV/AIDS pandemic has now to go beyond generating awareness with regard to changing behaviour to include community-based testing and treatment with antiretroviral drugs. As such drugs are beyond the reach of ordinary people and as treatment also requires a nutrition-based support infrastructure, the response has to be multidimensional and backed by a collective political response in order to mobilize the needed resources. Research in that area must also continue in order to find a cure and/or a vaccine for this devastating pestilence of our modern time.

Finally, the Security Council should continue to focus on the international security dimension of the challenge, including with respect to peacekeeping operations, while the rest of the United Nations system and the international community should focus on multisectoral preventive and curative responses. The combination should constitute a total response strategy in partnership with Governments, civil society and the corporate world, especially the pharmaceutical industry, which should exercise corporate responsibility through enlightened consideration of the price of drugs.

Mr. Mayoral (Argentina) (*spoke in Spanish*): I wish at the outset, Mr. President, to thank you and your delegation for the initiative of convening this meeting to discuss the progress made in the implementation of Security Council resolution 1308 (2000). I also wish to thank Mr. Jean-Marie Guéhenno, Under-Secretary-General for Peacekeeping Operations, and Mr. Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), for their presentations.

We wish to recall that yesterday marked five years since the adoption of resolution 1308 (2000), by which the Security Council sought to provide recommendations and ways to deal with HIV/AIDS in relation to uniformed personnel belonging to peacekeeping operations.

Argentina has always believed that collaboration and cooperation among the system's various actors responsible for this issue, together with assistance from Governments and non-governmental organizations, are indispensable in responding comprehensively to this pandemic. We also believe that in the fight against HIV/AIDS, it is essential to enhance mechanisms for prevention and awareness without neglecting to treat those affected. We recall that those principles are part of resolution 1308 (2000) and of the draft presidential statement to be adopted at the end of this meeting.

We believe it is essential that best practices and lessons learned be properly disseminated and that United Nations Member States implement them in their preparation programmes for the men and women who will be sent to participate in peacekeeping operations. For our part, we wish to indicate that the Argentine Joint Training Centre for Peacekeeping Operations has incorporated those recommendations into its training courses for Argentine and other Latin American Blue Helmets.

We know that Blue Helmets must carry out their tasks in a fragile, dangerous and extremely demanding environment. HIV/AIDS is often one of the risks that they must face. That is why training, knowledge and solidarity are needed: the personnel of a peacekeeping operation must have all of them. In that context, we pay tribute to all the men and women who have sacrificed their welfare, their health or their lives to attain the objectives of peace and understanding among peoples.

With regard to the ongoing process of implementing measures to fight exploitation and sexual abuse in the field, we want to affirm that that challenge and the fight against HIV/AIDS must be addressed together and that we must not run the risk of giving priority to one at the expense of the other. In that respect, we believe that the coordination of those two strategies must be as efficient as possible.

In conclusion, we wish to thank the Government of Greece for its draft presidential statement, which our delegation supports.

Mr. Zhang Yishan (China) (*spoke in Chinese*): At the outset, I wish to thank Under-Secretary-General

Guéhenno and Executive Director Piot for their comprehensive briefings. I wish also to thank the Joint United Nations Programme on HIV/AIDS (UNAIDS) for its report on the subject of this agenda item. The briefings helped us to understand the status of the international community's implementation of resolution 1308 (2000) over the past five years. The recommendations put forward are highly enlightening and deserve serious consideration by the Security Council.

In recent years, the international community has been increasingly concerned about the issue of HIV/AIDS, particularly its disastrous affects. AIDS has not only constituted a major threat to human life and health, but has also seriously affected the economic development and social stability of the countries and regions concerned. Thus it has become one of the most important non-traditional security issues. The Security Council, in accordance with its mandate, has therefore been devoting increased attention to the issue of peacekeepers and HIV/AIDS and to the impact of AIDS on peace and security.

China welcomes the series of measures undertaken by the Department of Peacekeeping Operations (DPKO), in accordance with the relevant Security Council resolutions, aimed at improving HIV/AIDS awareness programmes for peacekeepers, establishing the post of HIV/AIDS policy adviser and revising the code of conduct for peacekeepers. We believe that all those measures will serve to protect the safety of peacekeepers and to ensure the smooth conduct of peacekeeping missions.

Over the years, UNAIDS has undertaken many positive efforts, has contributed to international efforts and has played an important role in coordinating with and assisting United Nations missions in preventing HIV/AIDS in peacekeeping operations. China welcomes all those measures and hopes that DPKO can continue its active coordination and cooperation with UNAIDS and other international organizations.

China supports the draft presidential statement submitted by the Greek delegation and wishes to thank Greece for its efforts in that regard.

Mr. Dumitru (Romania): I would like to begin by commending you, Mr. President, for convening today's meeting on the implementation of Security Council resolution 1308 (2000). I also wish to express our thanks to Mr. Jean-Marie Guéhenno, Under-Secretary-General for Peacekeeping Operations, and to Dr. Peter Piot, Executive Director of the Joint United Nations Programme on AIDS (UNAIDS), for their briefings on action taken to implement that resolution.

There can be no doubt that today — as we mark five years since the adoption of the resolution — HIV/AIDS remains an urgent threat to peace and security. My delegation fully recognizes that there is a clear link between the AIDS pandemic and peace and security. Movements of people as a result of conflict fuel the spread of HIV/AIDS, but the epidemic itself also causes social and economic crises that can threaten stability and security. Fighting the spread of HIV/AIDS is therefore linked to preventing armed conflict. It requires a coordinated response on the part of all relevant United Nations bodies, including the Security Council.

We agree that there is a need for continued efforts to implement the already existing plans of action on HIV/AIDS. The special session of the General Assembly on HIV/AIDS, held in June 2001, was another major step in fostering support for the global fight against HIV/AIDS. Its outcome, the Declaration of Commitment, General Assembly resolution S-26/2, sets out a comprehensive framework for an effective response. This process must be closely followed up in the General Assembly and in the Security Council. We therefore welcome the General Assembly's High-level Meeting on HIV/AIDS held on 2 June 2005, in which many ministers participated, as well as today's open Council briefing.

Moreover, we are encouraged to learn from the presentations of Mr. Guéhenno and Mr. Piot that the Department of Peacekeeping Operations (DPKO) and UNAIDS have already implemented a number of concrete steps. Together, they will help minimize the threat of the spread of HIV/AIDS in conflict zones and help protect the local populations and the peacekeeping troops that are deployed there from infection.

In this regard, my delegation would like to underline that prevention must be the mainstay of our response. We fully subscribe to the idea that peacekeepers and other uniformed personnel can and must be important contributors in the fight against the spread of HIV/AIDS. We therefore encourage DPKO and UNAIDS to continue to emphasize predeployment training, as well as continuous awareness and educational activities during deployment, particularly

in high-prevalence countries, including through HIV/AIDS advisers.

My Government remains committed to pursuing the full implementation of resolution 1308 (2000), and we are exploring ways of making its implementation more effective. The Government of Romania has clearly shown that there is strong political will and a readiness to undertake the necessary actions to maintain a low prevalence of HIV/AIDS in the country. In this respect, I would like to underline that the Government of Romania last year approved a 2004-2007 national strategy on the overseeing, control and prevention of HIV/AIDS infection. The strategy stipulates as an objective the assurance of universal access to information and education, as well as to services for the prevention of HIV/AIDS and sexually transmitted infections in the military services.

Among other things, the national strategy refers to the elaboration and implementation on military bases of a curriculum on the prevention of HIV/AIDS and sexually transmitted infections, information and education activities and the development of a protocol and prevention kit on HIV/AIDS for members of the armed forces who participate in military missions outside Romania.

I would like to conclude by expressing support for the recommendations made in the UNAIDS report. Against this background, I would like to welcome and support the initiative of the Greek presidency to conclude today's meeting in a practical way: with a substantive presidential statement.

Mr. De La Sablière (France) (*spoke in French*): I wish to thank Mr. Jean-Marie Guéhenno and Mr. Peter Piot for their briefings on action undertaken since the adoption of resolution 1308 (2000).

France naturally shares the concerns expressed by previous speakers. The fight against the spread of the AIDS virus calls for our total vigilance and justifies all efforts. Since 2000, the Security Council and the Secretariat have rightly been addressing this subject that brings us together today. The battle against AIDS needs to be waged on all fronts, including in areas of conflict. By their nature, peacekeeping operations are deployed in regions where the health situation is precarious and where the populations are extremely vulnerable. What is more, such missions are always deployed as a matter of urgency. It is therefore necessary to ensure not merely that mission personnel not constitute a risk factor but that they contribute in the theatre of operations to the fight against the pandemic. The credibility and prestige of peacekeeping operations — and hence, of the United Nations — among local populations also entails action in the area of public health.

Awareness-raising, prevention and follow-up efforts depend on both the Secretariat and on contributing States. The programmes of action pursued by the Secretariat and the Joint United Nations Programme on HIV/AIDS (UNAIDS) appear to us to be particularly convincing and well adapted to the constraints of peacekeeping operations. They dovetail satisfactorily with the Council's requests in resolution 1308 (2000). In addition, the extensive awareness-raising in recent months to prevent sexual abuse has made it possible to put tough measures and principles into place. We hope that those guidelines will contribute to further increasing the accountability of personnel deployed and to mobilizing contributing countries.

Nonetheless, it is also incumbent among the contributing States to act. In this respect, for many years France has pursued a particularly tough policy with respect to all of its personnel deployed abroad, both in missions under United Nations mandate and in national operations. Our forces practise a policy of awareness-raising, screening and systematic monitoring of all of their personnel. These guidelines are implemented, without exception, for all men and women who are part of external missions, regardless of rank or duties.

Only personnel who have satisfactorily passed the tests are sent on mission. These measures are accompanied by training activities and awareness-raising sessions in order to maintain vigilance, not only on the part of the personnel, but also for the command structure throughout the mission.

As we all know, the fight against the AIDS virus is a daily and long-term effort. The programmes that have been instituted and the action taken by UNAIDS, the Secretariat and Member States need to be pursued relentlessly. The coordinated efforts we all make need to be pursued within the framework of an all-out strategy to fight this pandemic. In our view, that comprehensive fight needs to include not only prevention, but also treatment, with access by infected persons to treatment and medication.

Mr. Mercado (Philippines): Mr. President, we thank you for convening this important meeting on peacekeeping and HIV/AIDS in the context of Security Council resolution 1308 (2000). We wish to thank Under-Secretary-General Jean-Marie Guéhenno for updating us on the steps taken by the Department of Peacekeeping Operations (DPKO) in implementing resolution 1308 (2000). We also thank the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Mr. Peter Piot, for his report on the progress made on the implementation of Security Council resolution 1308 (2000).

The Philippines commends UNAIDS and its sponsors for their continued efforts to fight the HIV/AIDS pandemic since the Security Council acknowledged five years ago that the scourge was a threat to international peace and security and that measures had to be put in place to develop further HIV/AIDS prevention and education, particularly for peacekeepers deployed to conflict areas.

We are pleased that UNAIDS has been able to strengthen its partnership with DPKO, particularly in mainstreaming HIV/AIDS awareness in United Nations peacekeeping missions through the assignment of AIDS advisers to major peace missions and in providing technical support for strategies to address HIV/AIDS among uniformed services.

We laud the work of UNAIDS, not only with Member States' international uniformed services, in the development and implementation of national AIDS strategies, but also with regional organizations; this has led to the integration of HIV/AIDS prevention into their operations.

While we acknowledge the significant strides made by UNAIDS in mainstreaming HIV/AIDS awareness among uniformed personnel since the adoption of resolution 1308 (2000), the Philippines believes that there is still much that needs to be done to protect the vulnerable and to prevent our worst fears from coming true.

The present unprecedented demand for peacekeepers in conflict areas worldwide, especially in high-risk areas, exposes peacekeepers to the possibility of contracting and even transmitting the deadly disease. As of June this year, more than 66,000 peacekeepers from 105 countries are serving in United Nations missions in 18 countries in Africa, the Americas, Europe and the Middle East. By the end of the year, the total number of Blue Helmets rotating in and out of those areas will be approximately 100,000. That figure does not include other peacekeepers to be fielded as the United Nations opens new fronts for peace or expands existing ones.

One way to address the problem of protecting peacekeepers and the populations with which they are in contact is to ensure continuous retraining and the transmission of knowledge gained from other peacekeeping missions. Cooperation between troop-contributing countries and UNAIDS in providing peacekeeping personnel, from officers down to enlisted personnel, with adequate training at the predeployment stage and with education on HIV/AIDS for the duration of the mission should be pursued and strengthened. Troop-contributing countries with no mandatory screenings should encourage their troops to participate in voluntary and confidential testing and counselling in the national military setting, as well as treatment, as part of their preparation for participation in peacekeeping operations. We agree with Under-Secretary-General Guéhenno that AIDS awareness should be a command responsibility.

It is also imperative to tailor HIV/AIDS training to the wide range of cultures represented by peacekeepers. Since peacekeeping personnel come from more than 100 troop-contributing countries, we welcome efforts to address language requirements for HIV/AIDS training, such as by means of HIV awareness cards. There is also a need to make a more conscious effort to address the human nature factor — that is, changing the attitudes of troops.

Although the Philippines considers itself fortunate to have one of the lowest HIV/AIDS prevalence rates in Asia, the dreaded disease continues to be of great concern for my country. As of June 2005, the Philippines has deployed military and civilian police personnel to eight United Nations mission areas across the world, including countries whose peoples are among the hardest hit by the virus. With Philippine participation in peacekeeping operations on the rise, extra efforts are being undertaken by my Government to ensure that this particular aspect of HIV/AIDS awareness is covered.

My delegation is pleased to inform the Council that the Philippines has put in place mechanisms to address the threat of HIV/AIDS among its uniformed services. As part of its implementation of resolution

1308 (2000), the Philippines has made predeployment screening mandatory for all military and civilian police personnel who wish to take part in United Nations missions, along with post-deployment screening for those who have just returned from missions.

Prevention education is a key component of the predeployment programme for peacekeepers drawn from the Armed Forces of the Philippines and the Philippine National Police. UNAIDS-trained medical professionals give presentations on HIV/AIDS awareness and prevention, and former peacekeepers are invited to share their experiences with new ones. Our peacekeepers also benefit greatly from mission training activities in their respective areas of assignment.

My delegation takes this opportunity also to inform the Council that the Armed Forces of the Philippines are finalizing new policy guidelines that take into account not only resolution 1308 (2000) but also recent recommendations on the prevention of sexual exploitation and abuse and on stipulating penalties for violators.

In closing, I once again commend UNAIDS, its sponsors and DPKO for their efforts in implementing resolution 1308 (2000). I also express support for the recommendations contained in the reports of UNAIDS and DPKO. The Philippines pledges to continue working and cooperating closely with UNAIDS and DPKO in this important endeavour.

Sir Emyr Jones Parry (United Kingdom): I want to begin by thanking the Under-Secretary-General for Peacekeeping Operations, Jean-Marie Guéhenno, and the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Peter Piot, for their informative briefings and UNAIDS for its report on the implementation of Security Council resolution 1308 (2000).

Taking action on HIV and AIDS is a key priority for the United Kingdom Government. The UNAIDS report sets out in stark and honest terms the particular threat that the AIDS epidemic poses to social stability and security. We unreservedly support the efforts being made across the United Nations, including here in the Security Council, to ensure that substantial and concerted action is taken to tackle the pandemic.

We see four broad issues that are relevant to the links between AIDS and security: first, HIV and AIDS in military and other uniformed services; secondly, tackling AIDS in conflict and post-conflict situations and in humanitarian emergencies; thirdly, AIDS, conflict and gender; and fourthly, AIDS and fragile States. The report and our meeting today focus particularly on the first aspect. However, there are links among all four broad issues that we must not ignore.

The UNAIDS report documents some welcome and encouraging progress. AIDS advisers are now in place in nine major peacekeeping operations, and there are focal points in other, smaller operations. Getting the right people with the right skills on the ground is the first essential step in tackling the problem.

The report also advocates a single national monitoring and evaluation framework and the inclusion of the uniformed services in that system. We agree with that. As the report sets out, there are still significant gaps in our knowledge. Infection rates among armed forces remain, in many places, a matter of guesswork. A robust mechanism for monitoring and assessing impact is essential.

So, we welcome the steps that have already been taken by UNAIDS, the Department of Peacekeeping Operations (DPKO) and other stakeholders to assess the impact of their interventions on national commitment, knowledge, attitudes and behaviour. We look forward to reading the results of that work. It will be critical for UNAIDS to use that learning to guide their future programming and communications material. We look forward to welcoming that emphasis in the forthcoming report.

Tackling HIV and AIDS among peacekeeping personnel is essential. But, as the report acknowledges, efforts must not stop there. Peacekeepers and the communities they are protecting are both vulnerable to HIV and AIDS. United Nations peacekeeping operations — with their military, police and civilian elements — are in an excellent position to engage with vulnerable communities that have been affected by conflict in order to ensure that the epidemic does not gain a foothold among them. So, the United Kingdom very much welcomes the outreach to local communities that is being done by peacekeeping operations in Liberia, Côte d'Ivoire and Eritrea and Ethiopia, and we would encourage similar activities in other missions.

The past five years have seen considerable improvements in our knowledge of the epidemic and in the methods being used to tackle it. There is now much

agreement on best practices and the need for a common approach by all. We very much welcome the recently agreed UNAIDS policy position on intensifying prevention. We urge Member States to apply those best practices to both their peacekeeping and their national uniformed personnel. The role and the responsibility of troop-contributing countries are crucial.

The report also highlights the importance of high-level political commitment, support and advocacy. We warmly welcome the leadership of UNAIDS, which has helped ensure that the issue of HIV and AIDS remains at the top of the international agenda. The United Kingdom will play its part to provide political commitment, sufficient funding and a response that is coordinated and effective. We are therefore pleased to be supporting the trust funds of UNAIDS and the Department of Peacekeeping Operations. It helps train HIV counsellors and supports collaborative projects for peacekeepers and local communities in situations where expertise is often scarce.

I want to conclude by highlighting some of the conclusions and recommendations of the UNAIDS report. First, monitoring and evaluation need to be a central component of all AIDS programmes in peacekeeping operations. We cannot hope to tackle the epidemic without the very best information on the size and nature of the problem and whether the solutions which are being used are working.

Secondly, the report highlights the need to link action on sexual exploitation and abuse in peacekeeping operations with action on HIV and AIDS. On their own, sexual abuse and exploitation are an issue of great concern. Adding the risks of HIV infection exacerbates the critical and complex nature of that issue. The Department of Peacekeeping Operations and troop and police contributors are now required to put in place policies and measures to prevent sexual exploitation and abuse. It is essential that those measures be coordinated and consistent with United Nations policies and programmes to prevent the spread of HIV and AIDS. The Under-Secretary-General has said that the training for peacekeepers is being revised to take that into account, and that is very welcome.

Thirdly, I welcome the recommendation for UNAIDS to seek to strengthen the capacity of regional bodies to engage with AIDS. Providing technical assistance to those organizations, particularly those involved in peacekeeping, will further contribute to the fight against the spread of HIV. That contribution will not only be directly through the activities of the regional bodies, but also indirectly through the dissemination of information to national and local bodies.

Finally, I want to highlight the recommendation that gender issues and expertise be fully integrated into the planning and management of peacekeeping operations. The United Kingdom very much supports that. The Council has regularly discussed the issue of women, peace and security since it agreed on a resolution on the issue in October 2000. That resolution, 1325 (2000), referred to the need to include gender analysis and expertise in peacekeeping operations. As the UNAIDS report recognizes, women are especially vulnerable to HIV infection. The gender component in any national plan for AIDS intervention in uniformed services is of the utmost importance and should not only aim to educate uniformed personnel, but should also work closely with the female population with which they come into contact.

I confirm our full support for the proposed presidential statement.

Mr. Aho-Glele (Benin) (*spoke in French*): My delegation thanks you, Sir, for having organized this public information meeting, allowing us to review the implementation of resolution 1308 (2000) five years after its adoption.

We express our appreciation to Under-Secretary-General Guéhenno and to the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Mr. Piot, for the extremely informative briefings that they have just made within that framework. The briefings described the extent of awareness-raising with respect to the gravity of the problems posed by the HIV pandemic to the security and stability of States and the challenges raised for the United Nations in the area of peacekeeping.

Benin welcomes the broad partnership established to promote the implementation of resolution 1308 (2000). With respect to progress made in identifying risk factors related to the specificities of defence and public security forces and of troops mobilized and deployed within peacekeeping operations, resolution 1308 (2000) was a decisive turning point with regard to the international community's actions. The corner was turned with the

adoption of a systematic and consistent approach to controlling the spread of the disease in the areas noted.

We welcome the commitment and tireless efforts of UNAIDS and its sponsors in promoting multidimensional cooperation with States, other institutions of the United Nations system, and regional and non-governmental organizations to implement the strategies to counter the disease.

The statistical data on the disease's prevalence among armed and security forces — and specifically within peacekeeping operations — lead us to three conclusions. First, prevalence tends to decline in those units that have been provided with appropriate training, and to rise in those that have not. Secondly, mortality rates are relatively low in the armed forces of countries where antiretroviral therapy has been provided by the public health system. Thirdly, among the factors promoting the spread of the disease among troops involved in peacekeeping operations, some can be objectively controlled if administrative authority is exercised. That is the case, for instance, with continuous rotation of troops and personnel. Strict compliance with the rules in that area can greatly contribute to preventing the epidemic's spread.

With respect to those three conclusions, we need to intensify our efforts to strengthen preventive practices and attitudes where they continue to lag. Factors promoting the spread of the disease among armed and security forces need to be addressed adequately. Furthermore, the fact that only 109 countries are developing programmes for their uniformed personnel clearly demonstrates how far we still have to go in persuading States to recognize the important of those programmes. The methodical follow-up of the resolution's implementation has enabled UNAIDS clearly to identify the challenges facing uniformed personnel. The means need to be found to act on those challenges.

We believe that it is important to draw attention to the need to take the fight against AIDS into account within the framework of disarmament, demobilization, reintegration and repatriation or resettlement programmes. Efforts remain to be undertaken to mitigate the financial constraints that handicap the campaign against the disease in certain countries where it is rampant and decimating human resources. The Global Fund to fight HIV/AIDS, Tuberculosis and Malaria and other funds working in that field need to be able provide significant support for Governments' efforts to mobilize against the disease.

At the same time, it would also be desirable to ensure the broadest possible dissemination of lessons learned from recent assessments. That would make it possible to raise leaders' awareness of the importance of AIDS programmes for uniformed personnel.

We feel that United Nations AIDS policies in the deployment of peacekeeping operations are most sound. There is an obligation to be consistent with regard to respect for human rights and the fight against stigmatization and discrimination. Specifically, the zero tolerance policy with regard to sexual exploitation is entirely appropriate, as is the campaign to prevent rape as a weapon of war in armed conflict.

In general, we support the recommendations set out by UNAIDS to enhance the effectiveness of United Nations and State efforts in the defence and civil protection sectors, particularly in their advocacy of Department of Peacekeeping Operations funding for AIDS programmes within peacekeeping operations. Moreover, we must raise awareness among troops involved in peacekeeping operations prior to their deployment. We further support the recommendation to establish a partnership between peacekeeping training programmes and national AIDS programmes in host countries. That would allow us to establish synergies and better to benefit from the contribution of peacekeeping operations in terms of human resources and assets.

Ms. Løj (Denmark): I would like to begin by thanking you, Mr. President, for having taken the initiative to organize this debate. Likewise, I would like to thank Under-Secretary-General Jean-Marie Guéhenno and Executive Director Dr. Peter Piot for their respective briefings.

There might not be scientific proof that HIV/AIDS poses a direct threat to peace and stability. However, we know that AIDS is a killer and that more than 3 million children, women and men died from AIDS last year. More will die this year, and the economic, social, cultural and political implications will continue to worsen. We are seeing State institutions being seriously weakened in the worst-hit regions of Africa. That gradual collapse of governance functions illustrates a new form of State collapse: the fading State.

Fortunately, the world is responding, and the comprehensive threat posed by HIV/AIDS is getting more and more attention. In his report entitled "In larger freedom" (A/59/2005), the Secretary-General called for a new security consensus, one that includes deadly infectious diseases and, in particular, HIV/AIDS. In doing so the Secretary-General shared the views of the High-level Panel on Threat, Challenges and Change, which identified AIDS as one of the most significant global threats today — a point of view we share fully. It is now time for the international community to demonstrate its firm commitment. A strong statement on HIV/AIDS in the declaration to be adopted by the summit to be held in September 2005 will be an important step in the right direction.

The risk of HIV infection increases in the post-conflict phase, when the disarmament, demobilization and reintegration of former combatants takes place. Evidence indicates that women are most at risk. In all its deliberations, the Security Council must address that aspect where relevant.

The expected establishment of a Peacebuilding Commission will mark a new beginning for a comprehensive approach to countries emerging from conflict. In the post-conflict phase, the Peacebuilding Commission must in its strategies address this issue and enhance the coordination of the fight against HIV/AIDS.

Denmark recognizes that significant progress has been made in the implementation of resolution 1308 (2000) in the five years of its existence. We commend the efforts of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Department of Peacekeeping Operations (DPKO) to mainstream HIV/AIDS into their mandated activities. Strengthening cooperation between DPKO and UNAIDS and its partners — including non-governmental organizations, bilateral and multilateral donors and national Governments — would stimulate further progress.

Allow me to refer to 5191st meeting, held in this Chamber on the last day of May, on the theme of United Nations peacekeeping operations. In the presidential statement adopted at that meeting, the Council condemned all acts of sexual exploitation and abuse and expressed its support for the Secretary-General's zero-tolerance policy in that regard. It is our sincere hope that the increased focus on the code of conduct for United Nations peacekeepers and the efforts made by troop-contributing countries to implement the recommendations of the Special Committee on Peacekeeping Operations will also have the added benefit of positively influencing the issue we have before us today. The transmission of HIV in a conflict zone should never be an act of a United Nations peacekeeper.

In April this year, the Danish Minister for Development Cooperation presented a new strategy for Denmark's support for the international fight against HIV/AIDS. The strategy builds on the Declaration of Commitment on HIV/AIDS that emerged from the special session of the General Assembly (resolution S-26/2, annex) held in 2001 and highlights the priorities for Denmark's response to the epidemic.

Women, young people and children orphaned by the epidemic are among the most vulnerable members of a population. The strategy has a particular focus on action directed towards supporting those groups. Furthermore, the strategy highlights the need for increased action to combat stigma and discrimination in an HIV/AIDS context. It also points to the crucial role played by civil society, including people living with HIV/AIDS, in the fight against HIV/AIDS.

Let me conclude by commending UNAIDS and DPKO for their collective and persistent efforts regarding the important issues we are discussing here today.

Mr. Kitaoka (Japan): Mr. President, your initiative to hold this open briefing concerning HIV/AIDS is much appreciated. I would also like to thank Under-Secretary-General Guéhenno and Dr. Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), for their very comprehensive and illuminating briefings.

HIV/AIDS infection continues to increase worldwide despite the efforts of the international community. In response, Japan this month hosted the International Congress on HIV/AIDS in Asia and the Pacific. At that meeting, participants confirmed that the Asian region is also confronted with the threat of HIV/AIDS.

Resolution 1308 (2000) is proof that comprehensive and integrated policies are necessary in all relevant areas. This year is the fifth anniversary of

the adoption of that resolution. My Government believes that it is important to assess the state of implementation at this stage.

Japan thinks highly of the efforts made to date by the Department of Peacekeeping Operations (DPKO) and UNAIDS. We expect that not only will they reduce the risk of HIV transmission to peacekeepers, but that those efforts — which is to say, appropriate action being taken by peacekeepers who have an accurate understanding of HIV/AIDS and a high awareness of gender and human rights issues — will also have a positive impact upon the countries in which they are carried out.

Concerning the Declaration of Commitment on HIV/AIDS, which the General Assembly adopted in June 2001 (resolution S-26/2, annex), we regret that it is not likely that the goals for 2005 will be met. Member States should be encouraged to carry out comprehensive strategies that include education, prevention, counselling and voluntary testing, care and treatment and steps to counter the discrimination and stigma often borne by those affected with HIV/AIDS.

Japan has spared no effort to fulfil its obligations in that regard, including by providing enhanced training to our peacekeepers. We are pleased to inform the Council that, on 30 June 2005, our Prime Minister, Mr. Junichiro Koizumi, announced that Japan had decided to increase its contribution to the Global Fund to Fight AIDS, Tuberculosis and Malaria by half a billion dollars.

Finally, we would like to thank the delegation of Greece for preparing the draft presidential statement, which we fully support.

The President: I shall now make a statement in my national capacity as the representative of Greece.

Five years ago, on 17 July 2000, the Security Council, in its collective wisdom, adopted resolution 1308 (2000), under the agenda item entitled "The responsibility of the Security Council in the maintenance of international peace and security: HIV/AIDS and international peacekeeping operations". For the first time, a health-related issue was linked to international peace and security.

One can point to many notable statements in looking back at the discussion that took place during that meeting. To me, three stand out as the most significant, namely, that the world was breaking the silence around AIDS; that HIV/AIDS was not someone else's problem, but everyone's problem; and that AIDS was not just a problem of a single country or continent. Resolution 1308 (2000) was the Council's response to the pandemic and its implications for international peacekeeping operations.

I wish to extend our most sincere thanks and appreciation to the Under-Secretary-General for Peacekeeping Operations, Mr. Jean-Marie Guéhenno, and to the Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), Mr. Peter Piot, not only for their informative and clear presentations, but also for all of their continuous efforts in implementing resolution 1308 (2000). The most recent report submitted to the Council is tangible proof of the leadership of UNAIDS and of the level of awareness that it has brought to the international community.

HIV/AIDS is a worldwide threat, one that makes no distinction as to gender, colour or age. AIDS is not only a health problem; it also affects development and security. It can have a uniquely devastating effect on all sectors and at all levels of society.

Unfortunately, and despite all of the efforts made so far, HIV/AIDS remains one of the biggest global threats. We need to do more and to develop a long-term strategy mobilizing all the available resources to fight the disease and minimize its effects. The seriousness of the problem calls for well-coordinated international action.

Uniformed personnel is inevitably one of the most vulnerable groups for a number of reasons, including military life itself, interaction with local communities, the tendency of young people to ignore danger, and the inevitable exacerbation of the disease under conditions of conflict and instability.

Resolution 1308 (2000) recognizes this particular vulnerability. It encourages Member States to consider developing, in cooperation with the international community and UNAIDS, effective long-term strategies for HIV/AIDS education, prevention, voluntary and confidential testing and counselling, and treatment of their personnel. These strategies are an important part of their preparation for participation in peacekeeping operations.

Every resource should be utilized in the fight against HIV/AIDS. Raising awareness is the all-

important first step, to be undertaken through education and special training programmes. We also encourage a rights-based approach in order to ensure an ethical process for the conducting of testing, to address the implications of a positive result, and to reduce AIDS-related stigmatization and discrimination.

The level of awareness of, and the approach taken by, the Department of Peacekeeping Operations (DPKO) in that respect are commendable. The appointment of HIV/AIDS advisers within DPKO and many peacekeeping missions is a considerable achievement. This practice should be expanded to all missions. The development of training material, policy guidelines and the issuance of awareness cards are just a few examples of the numerous significant achievements made, but the nature of this devastating disease dictates that more are needed.

We welcome the leading role played by UNAIDS. We encourage the continuous strengthening of its cooperation with interested Member States to further develop strategies and best practices for HIV/AIDS prevention, education, testing, counselling and treatment. UNAIDS initiatives to develop, in cooperation with interested States, national programmes to address HIV/AIDS among their uniformed personnel are very valuable. Well-informed and trained peacekeepers can serve as a valuable tool in the context of efforts to prevent the spread of the disease.

Another initiative that could also be considered by UNAIDS would involve the creation of regional observatories for HIV/AIDS. Such observatories have been tested successfully with respect to other issues. They would contribute to the implementation of resolution 1308 (2000) by registering data for certain regions, raise the awareness of the risks involved regionally, and contribute, at an early stage, to preventing the spread of the disease by drawing conclusions as to the necessary interventions and changes. Such observatories should submit reports on an annual basis.

We should not forget that the success of any peacekeeping operation depends to a great extent on the personnel who serve in the mission. The troop-contributing countries should ensure the highest possible standards for their people. Voluntary and confidential counselling and testing, as well as care and treatment, should be the minimum standard for all peacekeepers in the fight against the HIV/AIDS pandemic.

Greece has not only recognized the sensitivity of the issue but also follows a strict policy requiring all Greek military personnel who participate in peacekeeping operations — United Nations or United Nations-mandated — to be tested for HIV/AIDS. The test is mandatory and confidential for all. There are also provisions for assistance to those soldiers who are infected.

The fight against HIV/AIDS should be continuous and intense, employing every available asset. It has to be multisectoral and be waged at the national, regional and international levels. Regular briefings by DPKO and UNAIDS on the progress made will help to strengthen commitment and accountability at the highest levels and ensure sustained monitoring and evaluation of the impact of programmes.

In closing, I wish to convey my congratulations once again to DPKO and UNAIDS. Today's discussion has proved that they have unanimous support in their efforts. I urge them to continue in the direction they have taken so far.

I now resume my functions as President of the Council.

After consultations among members of the Security Council, I have been authorized to make the following statement on behalf of the Council:

> "The Security Council reaffirms its commitment to the full implementation of resolution 1308 (2000). The Council also recalls the United Nations General Assembly Declaration of Commitment on HIV/AIDS of June 2001.
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> "The Security Council welcomes the collaboration between DPKO and UNAIDS and its co-sponsors to address HIV/AIDS awareness among peacekeeping personnel, both uniformed and civilian. The Council commends UNAIDS for developing, in cooperation with interested States, national programmes to address HIV/AIDS among their uniformed personnel. The Council recognizes the significant number of direct and indirect beneficiaries of the programmes worldwide.

"The Security Council recognizes that men and women in the uniformed services are vital elements in the fight against HIV/AIDS. The Council welcomes the efforts by Member States, including through existing national programmes, DPKO, UNAIDS and other stakeholders, to counter the spread of the disease. The Council encourages Member States, in the preparation of their personnel for participation in peacekeeping operations, to employ best practices in HIV/AIDS education, prevention, awareness, countering stigma and discrimination, voluntary confidential counselling and testing, and care and treatment.

"The Security Council recognizes that United Nations peacekeeping personnel can be important contributors to the response to HIV/AIDS, particularly for vulnerable communities in post-conflict environments. The Council welcomes the action taken by the Secretary-General and the United Nations peacekeeping missions to integrate HIV/AIDS awareness in their mandated activities and outreach projects for vulnerable communities, and urges them to pay particular attention to the gender dimensions of HIV/AIDS. In this context, the Council encourages further cooperation between DPKO and UNAIDS and its co-sponsors, non-governmental organizations and civil society, bilateral and multilateral donors and national Governments.

"The Security Council recognizes that significant progress has been made in implementation of resolution 1308 (2000) but that many challenges remain. The Council expresses its readiness to further promote and support the implementation of this resolution. In order to maintain and consolidate momentum, the Council welcomes regular briefings, as needed, by DPKO and UNAIDS on the progress made, as a measure to strengthen commitment and accountability at the highest levels and ensure sustained monitoring and evaluation of the impact of programmes. The Council reaffirms its intention to contribute, within its competence, to the attainment of the relevant objectives in the declaration adopted at the twenty-sixth special session of the General Assembly in carrying out the Council's work, in particular in its follow-up to resolution 1308 (2000)."

This statement will be issued as a document of the Security Council under the symbol S/PRST/2005/33.

The Security Council has thus concluded the present stage of its consideration of the item on its agenda.

The meeting rose at 12.20 p.m.